

EXHIBIT LL

**Order from Judge Rochester
dated 01/16/04**

IN THE CIRCUIT COURT OF COOSA COUNTY, ALABAMA

STATE OF ALABAMA

VS.

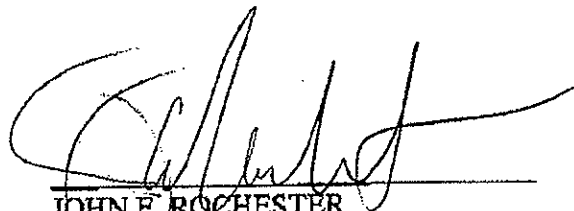
CASE NO.

BRYAN KELLY

FURLOUGH ORDER

The Sheriff of Coosa County is hereby Directed to furlough the above-named Defendant to Russell Medical Center Intensive Care Unit, located in Alexander City, Alabama, on this the 16th day of January, 2004, for medical treatment. Upon Defendant being discharged from said hospital he and his attorney, Thomas Radney, shall appear before the Court for the Court to determine whether Defendant shall continue his incarceration or be released for further medical or drug treatment.

Done and Ordered this 16th day of January, 2004.



JOHN E. ROCHESTER
PRESIDING CIRCUIT JUDGE

EXHIBIT MM

**The State of Alabama Inspection
Report dated 06/05/03**

N911

DOC Form 914

Rev. 7/00



STATE OF ALABAMA

DEPARTMENT OF CORRECTIONS

Engineering Administrative Division

2265 Maron Spillway Road

Elmore, Alabama 36025

(334) 567-1556



JAIL INSPECTION REPORT

Sheriff/Chief of Police

Ricky Owens

Jail

Coosa County

City

Rockford

Date

6-5-2003

County

Coosa

Time

9:05 AM

Phone No.

377-2211

Inspector

SIDNEY RODGERS

This is to report conditions of your jail as of this date of inspection. Please carefully note and make needed corrections. These adjustments are necessary to bring your facility into compliance with the standards set forth in Title 14, Code of Alabama, 1975.

— CHECK MARK indicates most accurate description —

WHAT GOVERNING BODY
HAS SUPERVISORY POWER?City Council _____ County Commission ✓

POPULATION:

48M 7F

STATE

W/M _____ B/M _____ W/F _____ B/F _____ TOTAL 16

COUNTY

W/M _____ B/M _____ W/F _____ B/F _____ TOTAL 36

CITY

W/M _____ B/M _____ W/F _____ B/F _____ TOTAL 3

FEDERAL

W/M _____ B/M _____ W/F _____ B/F _____ TOTAL _____

JUVENILES

W/M _____ B/M _____ W/F _____ B/F _____ TOTAL _____

GRAND TOTAL 55

JAIL CAPACITY:

MALE 61 FEMALE 10 JUVENILE 0 TOTAL 72

- Are Female Prisoners housed separately? YES ✓ NO _____ NONE _____
- Are separate quarters available for Juveniles? YES _____ NO _____ NONE ✓
- Number of state inmates ON WAIVER 11

JAIL EMPLOYEES:

- Number of Jailers 1
- Number of Matrons 1
- Other Employees 1
- Are Jailers POST Certified? Yes ✓ NO _____

BUILDING:

GENERAL APPEARANCE:

- Exterior Poor _____ Fair _____ Good ✓
- Interior Poor _____ Fair _____ Good ✓
- Fence Poor _____ Fair _____ Good ✓ None _____
- Yard Poor _____ Fair _____ Good ✓ None _____
- Type of Construction: .. Brick ✓ Cement _____ Wood _____ Other ✓
- Year Constructed: 2001
- Types of Locking Devices: Manual ✓ Electric ✓
- Condition of Locking Devices: ... Poor _____ Fair _____ Good ✓ None _____
- Observation
- Windows: Poor _____ Fair _____ Good ✓ None _____
- Screens: Poor _____ Fair _____ Good ✓ None _____
- Grills: Poor _____ Fair _____ Good ✓ None _____
- Windows: Poor _____ Fair _____ Good ✓ None _____
- Cells: Poor _____ Fair _____ Good ✓ None _____

SAFETY FEATURES:

- Emergency Exits: ... Poor _____ Fair _____ Good ✓ None _____
- Fire Apparatus: ... Poor _____ Fair _____ Good ✓ None _____
- Stairways: Poor _____ Fair _____ Good _____ None ✓
- Elevators: Poor _____ Fair _____ Good _____ None ✓

- Is there an EMERGENCY (fire) EVACUATION plan POSTED? ... YES ✓ NO _____
- Are Fire and Safety precautions observed? YES ✓ NO _____
If NOT, explain in Comments section.

TRAINING:

IN-SERVICE YES ✓ NO _____

Other: _____

ARE OPERATING PROCEDURES WRITTEN? YES ✓ NO _____IS THERE A PRINTED MANUAL? YES ✓ NO _____

JAIL RECORDS:

- Arrest Record YES ✓ NO _____
- Are personal property and cash receipted? YES ✓ NO _____
- Visits YES ✓ NO _____
- Medical YES ✓ NO _____
- Commitment and Discharges YES ✓ NO _____
- Are Jail Records Adequate? YES ✓ NO _____
- Are Prisoners Fingerprinted? YES ✓ NO _____
- Are Prisoners Photographed? YES ✓ NO _____

SECURITY:

- Is the jail reasonably secure? YES ✓ NO _____
- Are periodic inspections made of security facilities? YES ✓ NO _____
- Are firearms stored safely? YES ✓ NO _____
Where are they stored? LOCKBOXES
- Are there regulations prohibiting carrying of firearms into the Jail? YES ✓ NO _____
- KEY CONTROL:
Are keys ever in possession of inmates YES _____ NO ✓
Are keys properly stored and accounted for? YES _____ NO ✓
- How often are prisoners quarters visited? ONCE A WEEK
VISITATION ROOM 3X4
- Is jailer on duty 24 hours daily? YES ✓ NO _____
- Are CHECKS conducted at night? YES ✓ NO _____
Are CHECKS logged? YES ✓ NO _____
- Are complete SHAKEDOWNS accomplished? YES ✓ NO _____
- Are periodic COUNTS conducted? YES ✓ NO _____

11. Are CONTRABAND CONTROL procedures in effect? YES ☒ NO ☐

12. INMATE VISITS:

When are visits allowed?

Daily ☐ Semi-Weekly ☐ Weekly ☒ Other ☐

Who is allowed to visit inmates?

Relatives YES ☒ NO ☐

Friends YES ☒ NO ☐

Clergy YES ☒ NO ☐

Are CONTACT VISITS allowed? .. YES ☐ NO ☒

13. INMATE MAIL:

Are INCOMING MAIL and packages INSPECTED? YES ☐ NO ☒

14. Do new prisoners receive instructions about JAIL RULES? YES ☒ NO ☐

Are these instructions: VERBAL ☒ WRITTEN ☒

15. TRUSTIES:

Are TRUSTIES used? YES ☒ NO ☐

Who selects the TRUSTIES?

Sheriff/Chief ☒ Jailer ☐ Other ☐

16. Are inmates in UNIFORM? YES ☒ NO ☐

Coveralls ☐ Pants & Shirts ☒

Are uniforms MARKED? YES ☐ NO ☒

DISCIPLINARY PROCEDURES:

1. Does the jail hold DISCIPLINARY HEARINGS? YES ☒ NO ☐

2. Who exercises disciplinary authority?

Sheriff/Chief ☐ Jailer ☐ Other ☐

FOOD SERVICES:

General Condition

Kitchen Poor ☐ Fair ☐ Good ☒

Tables Poor ☐ Fair ☐ Good ☒

Shelves Poor ☐ Fair ☐ Good ☒

Screens Poor ☐ Fair ☐ Good ☒

1. Is the cook paid? YES ☒ NO ☐

2. Who supervises the Kitchen? CHIEF

3. Who plans the Menu? CHIEF

4. Do inmates assist in food preparation? YES ☒ NO ☐

5. What type of eating utensils are used?

Plastic ☒ Paper ☐ Metal ☐ Other ☐

Are the utensils washed? YES ☒ NO ☐

How washed?.....HAND ☒ SANITIZER ☐

6. Are the standards of sanitation adequate? YES ☒ NO ☐

7. Is copy of menu available on the date of inspection? YES ☐ NO ☒

8. Do paid employees supervise the serving of meals? YES ☒ NO ☐

9. Is the diet adequate? YES ☒ NO ☐

10. Number of meals served per day:

1 ☐ 2 ☒ 3 ☐

11. Food Preparation Poor ☐ Fair ☐ Good ☒

Quality Poor ☐ Fair ☐ Good ☒

Quantity Poor ☐ Fair ☐ Good ☒

12. Storage of Food Poor ☐ Fair ☐ Good ☒

Refrigeration Poor ☐ Fair ☐ Good ☒

13. Are Commissary (or store) purchases available to inmates? YES ☒ NO ☐

SANITATION AND PERSONAL HYGIENE:

1. Is there a systematic CLEANING PROGRAM in effect? YES ☒ NO ☐

2. Are adequate TOOLS and CLEANING MATERIALS available? ... YES ☐ NO ☒

3. What type of BEDDING is provided? Sheets ☐ Blankets ☒

Mattress Cover ☒ Pillow ☒ Pillow Case ☒

HOW OFTEN IS BEDDING LAUNDERED?

Semi-Weekly ☐ Weekly ☒ Other ☐

4. Are excessive FOOD or unnecessary ITEMS in CELLS YES ☐ NO ☒

5. Is DRINKING WATER available at all times? YES ☒ NO ☐

6. Are HOT and COLD WATER available for bathing? YES ☒ NO ☐

7. Are HEATING and VENTILATION adequate? YES ☒ NO ☐

8. Is LIGHTING adequate? YES ☒ NO ☐

9. Condition of PAINT?

Interior Poor ☐ Fair ☐ Good ☒

Exterior Poor ☐ Fair ☐ Good ☒

10. Are BATHING FACILITIES available to all inmates? YES ☒ NO ☐

11. Are SOAP and TOWELS available? YES ☒ NO ☐

12. HOW OFTEN are inmates REQUIRED TO BATHE?

Daily ☒ Semi-Weekly ☐ Weekly ☐ Other ☐

13. CONDITION OF PLUMBING

Are there LEAKING PIPES in the Jail? YES ☐ NO ☒

COMMODORES Poor ☐ Fair ☐ Good ☒

LAVATORIES Poor ☐ Fair ☐ Good ☒

SHOWERS Poor ☐ Fair ☐ Good ☒

14. Does the Jail have a PEST CONTROL program? YES ☒ NO ☐

How often treated? MONTHLY

By whom? CONTRACT

MEDICAL SERVICE:

1. Name of PHYSICIAN? LUCAVIA

2. How often do physicians visit the jail/facility?

Daily ☐ Weekly ☐ On-Call ☐

Other (specify) 7 DAYS A WEEK

3. What HOSPITAL facilities are used for inmates? LOCAL

INMATE PROGRAMS:

1. Are Counseling Services available? YES ☒ NO ☐

2. Recreation Facilities YES ☒ NO ☐

Types Provided: OUTSIDE SPORTS

3. Educational Opportunity YES ☒ NO ☐

Types Offered: LIBRARY

COMPLAINTS:

1. Are there justifiable complaints? YES ☐ NO ☒

2. Is Jail involved in Litigation? YES ☐ NO ☒

If YES, type: NO

3. Is the Jail or Facility Racially Integrated? YES ☒ NO ☐

4. Is there a Current Grand Jury Report on the Jail? YES ☐ NO ☒

INSPECTORS COMMENTS:

PROBLEMS WITH RUST CORROSION BY
CONTRACTOR - WILL BE A CONTINUING PROBLEM

MAIL CLEAR AT TIME OF INSPECTION

GOING TO PAK PACKAGE SYSTEM ON
MEDICATION



Inspector's Signature

Copy Received By:


SIGNATURE

SIGNATURE

Copy: State Fire Marshal ☐

County Health Department ☐

Time of Completion 10:00 AM

6-6-03

Date

JAIL ADMIN

Office

Date

Office

EXHIBIT NN

Hillyer's Notes

COOSA COUNTY SHERIFF'S DEPARTMENT

COOSA COUNTY LAW ENFORCEMENT CENTER

#1 SCHOOL STREET • P. O. BOX 279 • ROCKFORD, AL. 35136-0279

(256)377-4922 • (256-377-2211)

FAX (256) 377-2690

FAX COVER SHEET

TO: Dr. Weaver

ATTN: _____

FROM: CCSO

REMARKS:

Med list from Matt
Heller from Cheaha Mental
Health on Daniel Bryan Kelley

AL

DATE 11/25/03

NUMBER OF PAGES 2

Tues 11/25/03

Mr. Brian Kelly was evaluated by
myself on 11/25/03. Complaints of Seizure &
w/ episodic memory loss, Black outs?
Needs evaluation by MD to R/O Seizure
&

Hx of Prior Rx: Clonazepam 2mg Bid
Neurontin 300mg Tid
Zyprexa 5mg ip qhs
phenobarbital 100mg Bid
Lamictal 200mg Tid

Hx of Bi-polar &, Can you assist
this young man w/ Rx continuation:

Thank you For your assistance
I am not aware of any Allergies or possible side-effects.
Matthew A. Tully M.D.

Chester MHC

EXHIBIT OO

**Declaration of Randall W. Weaver,
M.D.**

**IN THE DISTRICT COURT OF THE UNITED STATES
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

DANIEL BRYAN KELLY,)	
)	
Plaintiff,)	
)	
v.)	Civil Action No.: 2:05-cv-1150-MHT
)	
RICKY OWENS, et al.)	
)	
Defendants.)	

DECLARATION OF RANDALL W. WEAVER, M.D.

I, Randall W. Weaver, M.D., being over the age of eighteen and competent to testify declare that the following statements are true and correct to the best of my knowledge and belief, and are based on my personal knowledge:

1. I am a physician with a family practice in Rockford, Alabama.
2. I am the only doctor in Rockford, Alabama.
3. I have maintained a practice in Rockford since August 1995. I have maintained my practice in the same office location since 2000.
4. I am board certified by the American Board of Family Practice.
5. From on or about July 2001 through June 2004, I was employed by Health Services, Inc., to provide medical services in Rockford and the surrounding area.
6. On November 26, 2003, the day before Thanksgiving, I examined a patient named Daniel Bryan Kelly in my office. Attached to this declaration are the medical records of my examination of Mr. Kelly. These records accurately reflect my examination

of Mr. Kelly. The patient told me that he had a seizure in jail and suffered a fall. He complained of pain in his right leg, foot, and knee. I never saw Mr. Kelly again after my examination on November 26, 2003.

7. I have never been employed by Coosa County or the Coosa County Commission to provide medical services for inmates at the Coosa County Jail.

8. I have never had any responsibility for conditions of confinement or medical services at the Coosa County Jail.

9. I provided medical services to Mr. Kelly on November 26, 2003, as a Health Services, Inc., patient in my clinic.

Pursuant to 28 U.S.C. § 1746 (2) I declare under penalty of perjury that the foregoing is true and correct. Executed this 29th day of June, 2006.

Randall W. Weaver, M.D.

Randall W. Weaver, M.D.
299 Jackson Street
Rockford, Alabama 35136

Inmate

HSI ADULT MEDICINE PROGRESS NOTE

CONFIDENTIAL

ALLERGIES: Codeine = Rash LK4/16

DATE: 11/26/03

PATIENT NAME: Kelly, David

D.O.B. 6/17/71

HSI# 01102

RACE/SEX/AGE: Cau/m/32

V/S: T 97.6 P 83 R 24 B/P 142/80 WT 185 HT.

PAIN: NRS (1/low-10/high) "7"

NURSING: O2 SAT = 98%. Gives history of having seizures for 2 1/2

Yrs. States Recently had one in jail fell and hurt my leg and

(R) Foot + my (R) Knee

Nurse's Signature: [Signature]

Providers use SOAP format for documentation and note consultation, condition on discharge, patient education.

S: Person in C/O @ leg pain foot pain for past 4 to 5 days after falling in jail. No prior problem to his @ leg. Has H/O back pain 2° to injuries. Has had surgery on his back.

Also has H/O mental illness; seizures + blackout. His reg MD are Dr. Jones in Alex City + a psychiatrist in B'ham. Has had 3 psychiatric hospitalizations. Mental health evaluating him for transfer to school.

Went to complaint

O: general - WAD

head - sharp at times, WNL at other times

Heart - RRR

Extremities - pulses - WNL

(R) knee - ROM - WNL, ligaments appear to be intact, minimal tenderness to palpation over patellar ligament

(L) ankle - ROM - WNL, minimal swelling if any, strength - WNL, possible bony abn distal ankle (possibly old)

Education

R/O ankle/knee pain - symptomatic care elated ankle brace for comfort per his request

Signature

Health Services, Inc. FORM 300-02

medication
F140 MH
cont med
11/26/03

X-ray of ankle if cont to hurt
R. J. C. 2/04

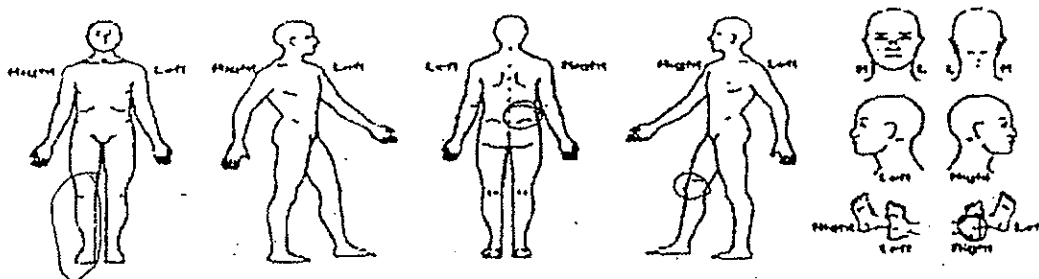
[Signature]
M. M. ...

Health Services, Inc.
INITIAL PAIN ASSESSMENT TOOL (ADULT)

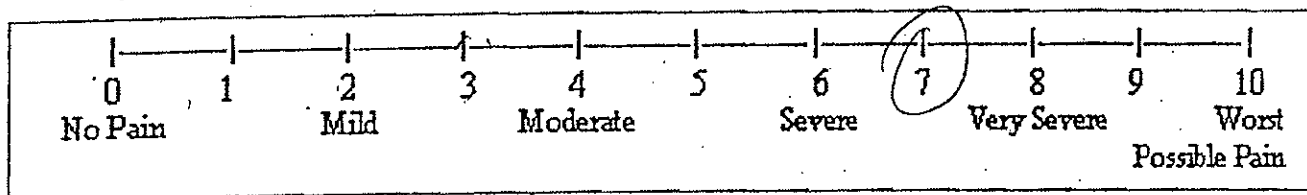
CONFIDENTIAL

Patient's name: Daniel Kelley DOB: 6/17/71 HSI #: 01/02 Date: 11/26/03
 Complaint: Min: R leg + lower Back Allergies: Codeine Nurse: DR. W. C. Kelley

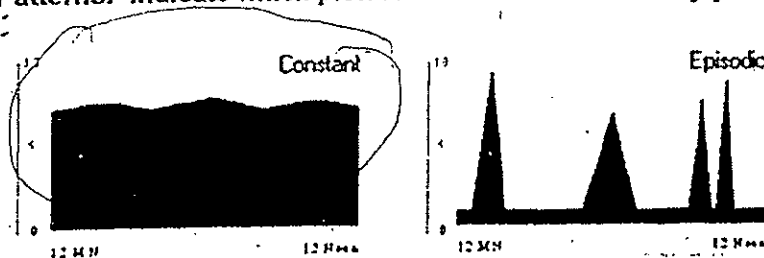
1. Location: Patient or nurse marks drawing



2. Intensity: Patient rates the pain on NRS scale.



3. Pain Patterns: Indicate which picture best describes the way your pain is throughout the day



4. Effects of pain:

Working	Not At All	A Little	<u>A Lot</u>
Relationships	Not At All	<u>A Little</u>	A Lot
Mood	Not At All	A Little	<u>A Lot</u>
Sleeping	Not At All	A Little	<u>A Lot</u>
Walking	Not At All	A Little	<u>A Lot</u>
Enjoying life	Not At All	A Little	<u>A Lot</u>
Taking care of yourself	Not At All	<u>A Little</u>	A Lot
Other	Not At All	A Little	A Lot